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Anaesthetist experiences of interpretation services on labour ward

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Introduction

In an increasingly multicultural Britain, health workers are encountering steadily more foreign languages amongst patients. Almost 11% of Glaswegians do not have English as a first language and 23% of Scottish immigrants that arrived before the age of 50 do not understand English[1]. The Standards for Maternity Care Report includes reference to interpreting services mandating they should be available for "women where English is not their first language".[1] All NHS Trusts have provisions for some degree of language interpretation but anecdotally we suspect COVID-19 has had a significant service impact.

Methods

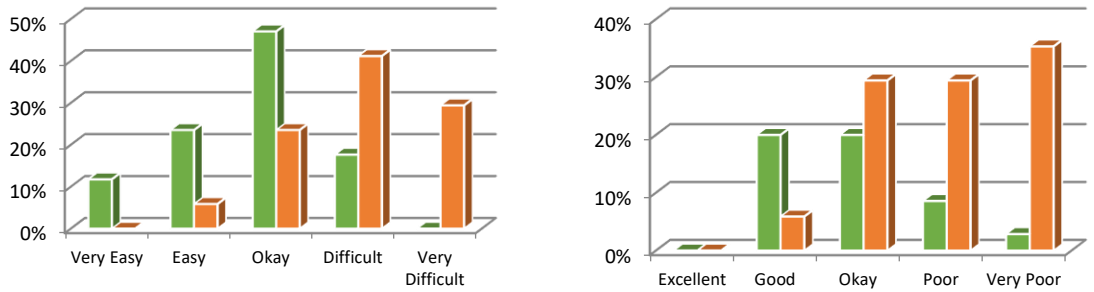
With Caldicott Guardian approval, BadgerNet records for deliveries during 2020 were reviewed. We surveyed the anaesthetists based in the Queen Elizabeth University Hospital Maternity Unit during October 2020 to explore their experiences with interpretation services before and after the COVID-19 pandemic.

Results

Of the 5129 deliveries in our unit during 2020, 6.9% required an interpreter. 18 obstetric anaesthetists responded to our survey: 8 consultants, 6 ST3+ and 4 core trainees.

Prior to the pandemic the vast majority of anaesthetist interactions with interpreters were face-to-face (94%). In 84% of cases, the interpreter accompanied the patient into theatre to translate. Only with postoperative reviews did telephone interpretation exceed that in person (65% to 53% respectively). There was general satisfaction from the services, with 20% describing a perceived poor translation and 15% of anaesthetists describing communication difficulty.

Following the pandemic, only two anaesthetists had utilised a face-to-face translator pre-theatre, with only one interpreter coming to theatre. All obstetric anaesthetists surveyed had utilised a telephone interpreter since the pandemic, with 35% continuing telephone interpretation in theatre. 65% felt that telephone translations were poor and 70% struggled to communicate.



A. Perceived difficulty of communicating via telephone interpreter pre- and post-Covid. **B**. Perceived quality of the translation and conversation dynamic pre- and post-Covid. (■ pre-covid, ■ post-covid)

Discussion

The Covid-19 pandemic has clearly had a negative impact on our collective experience with professional interpretation services. There has been a significant reduction in face-to-face interpretation and an overall poor perception of the quality of telephone interpretation. The requirement for PPE is an added barrier to communication, arguably making access to interpreting services more important now than ever. Indeed, very few found the interpretation process and conversation dynamic easy compared to pre-Covid.

Alarmingly the majority of patients did not have a formal translator for theatre. Following these findings, tablet computers were commissioned to simplify contacting our interpretation service and we developed a pathway to standardise the process. We aim to re-survey to assess any impact in six months .

Whilst Glasgow has the largest ethnic minority population of all Scottish cities, the impact of global migration will undoubtedly have a far-reaching effect and we believe local departments should develop rigid protocols for ensuring effective interpretation is secured regardless of barriers.

References

1. Census 2011: Release 2A. Scottish Government, https://www.scotlandscensus.gov.uk/census-results
2. Royal College of Obstetricians and Gynaecologists. Standards for maternity care: report of a working party. London, UK: RCOG Press; 2008